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SUBJECT					
sonar.e i	·	Name of Lim	ited Lizbility Company		
The enclos	R & I Restoration Wizards, LLC Name of Limited Liability Company seed Articles of Amendment and fee(s) are subraitted for filling. urn all correspondence concerning this matter to the following: Yisroel Y Homnick				
		Yisroel Y Homnick			
			Name of Person		
			Fim/Company		······································
		6225 N Whipple St			
		18.81			
		Chicago, IL 60659			
			City/State and Zip Code		
			to be used for fature annual	f Person ompany russ and Zip Code uture annual report notification) 7 847-6242 ta Code Daytime Telephone Number Filing Fee & S60.00 Filing Fee.	
For further	information c			Topott notification.	
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	O. Box 632			atre of Tall	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

weens Taker of State Division of Sorporation

21 MAR 22 PFI 3: 47

R & 1 Restoration Wizards, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on November 16, 2020 _ and assigned Florida document number L20000362026 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: . New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member TOOM TARY OF STATE OWNSION OF CORPORATION!

<u>Title</u>	Name		Address 21 HAR 22 FF1 3:	Type of Action
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